

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6099 / 9287

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN MCCAIN 2008, INC.

A. Full Name (Last, First, Middle Initial)

DR. PREM REDDY

Mailing Address 16850 BEAR VALLEY ROAD

City	State	Zip Code
VICTORVILLE	CA	92395-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT VALLEY MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Transaction ID : SA17.850369B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

CONTRIBUTION

Amount of Each Receipt this Period

-1200.00

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)

DR. VENKAMMA REDDY

Mailing Address 16850 BEAR VALLEY ROAD

City	State	Zip Code
VICTORVILLE	CA	92395-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT VALLEY MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Transaction ID : SA17.865429

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

CONTRIBUTION

Amount of Each Receipt this Period

1200.00

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)

DR. PREM REDDY

Mailing Address 16850 BEAR VALLEY ROAD

City	State	Zip Code
VICTORVILLE	CA	92395-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT VALLEY MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Transaction ID : SA17.865430

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

CONTRIBUTION

Amount of Each Receipt this Period

2300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....